

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	8					52						
3		1					53						
4	1						54						
5		1					55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12	8	5					62						
13		5					63						
14		5					64						
15							65						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						